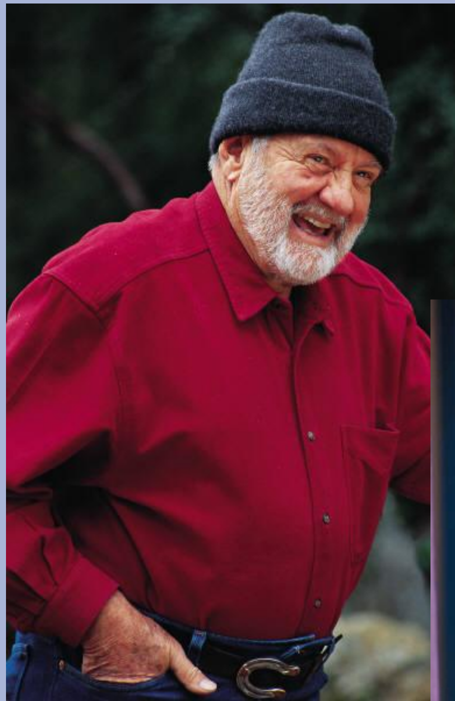
Hoarding: Best Practices Guide



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▶Section 1

Introduction:

HOARDING is a complex issue that affects people across age, socioeconomic, and racial lines. It is not only an issue that affects the individual, but also the family and community. Research has shown that while the onset of hoarding starts around age thirteen, the average person seeks treatment around age 50 (Bratiotis, Sorrentino & Steketee, 2011).

It has been the committees' experience that many ***people who hoard*** choose not to seek treatment and only come to the attention of public agencies when they are considered older adults (60 and older in Massachusetts). The person who hoards is not seeking treatment, but rather has been discovered by a mandated reporter or neighbor often due to a fall, an incident such as a fire or odors emanating from their home. Once "discovered" the very private issue that they have fought so hard to hide quickly becomes public. The individual is thrown into a swirl of decisions and a multitude of people approaching them. This can lead to anxiety, frustration and fear causing many people who hoard to shut down and refuse help. Unfortunately this reaction often leads to more involvement from protective services, city officials and eventually the courts.

Without active participation from the person who hoards the courts often choose the option of a clean out of the apartment/house, charging the resident, landlord or putting a lien on the home. The individual might also be forced to leave their home and therefore become at risk of homelessness. While a clean out addresses the immediate public health issue of hoarding, the recidivism rate is near 100% for a person who hoards without any type of behavioral treatment (Bratiotis, 2011). Thus the cycle of acquiring and the failure to discard will begin again at some point, leaving the professionals that tried to help frustrated and their agencies financially drained.

It is the Hoarding Best Practice Committee's hope that this document will provide new information to the ASAPs and other social agencies serving elders in the Commonwealth. Our aim is to offer our combined experience and expertise to the field as we all strive to work with elders on this very serious issue that affects their physical and emotional health and safety every day. This document is a collaboration of our experience and can be used as a guide to effectively address the hoarding behavior of elders living in our communities while at the same time respecting their dignity and self-worth.

We would like to thank everyone who helped us put together this handbook, with a special thank you to Greater Lynn Senior Services Hoarding Project and Merrimack Valley's Safer Homes Program, for sharing their work documents with us and to Brenda Correia, Jonathan Fielding, Duamarius Stukes and Denise Bradley from the Executive Office of Elder Affairs for their guidance throughout the project.

Sincerely,

Laurie Grant

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▶ Section 2

Hoarding: Persistent difficulty discarding or parting with personal possessions, even those of apparently useless or limited value…the large number of possessions fill up and clutter the active living areas…and prevent normal use of the space…symptoms cause clinically significant distress or impairment in social, occupational, or other areas of functioning… (Proposed DSM-5 Criteria for Hoarding Disorder, 2012).

WHAT IS HOARDING AND HOW DOES IT AFFECT A COMMUNITY

Nature and Extent of the Problem:

Research has shown that compulsive hoarding is a progressive and chronic condition that often begins early in life, increasing in severity as individuals age (Ayers, et. al., 2009). Research also shows that hoarding has been an underreported and poorly understood mental health condition (Muroff, Bratiotis & Steketee, 2010). According to Bratiotis, Sorrentino & Steketee, 2011, 2-5% of the adult population suffer from the disorder. With the US population in the 2010 census at 308.7 million ("state and county quick facts", US Census Bureau) this puts the prevalence of hoarding at 6-15 million people nationally. By comparison, the number of people with Alzheimer's nationally was 4 million people in 2009 according to the National Institute on Aging (as cited in San Francisco Task Force on Compulsive Hoarding, 2009). This becomes an important issue facing communities whose older adult population is also on the increase. Nationwide there was an increase of 15% in the population of people age 65 and older from 2000 to 2010. This is expected to increase to 36% between 2010 and 2020. By 2030 there is expected to be 72.1 million older adults nationally – almost twice the number in 2008 (US census).

For Example:

If the percentage of hoarders is indeed at 5 percent this means for example that in the communities that Greater Lynn Senior Services serves there may be as many as five thousand, five hundred adults (5500) age sixty or over dealing with the problem with that number expected to increase.

Hoarding continues to be an underreported mental health condition. A study done in Massachusetts showed that only 26.3 hoarding-related complaints were filed per 100,000 residents in a five-year period (Frost, Steketee, Williams, 2000).

For Example:

This number suggests that as few as 149.9 hoarding complaints may be made during a 5-year period in Essex County, while research shows that the prevalence in the five GLSS catchment cities alone could be near to 5,500 older adults.

Several reasons may exist for the low number of reports or complaints around hoarding issues. The lack of reporting may be due to a limited amount of community education about resources to combat the problem as well as stigma around the behaviors. Victims tend to isolate with the problem, which usually only comes to attention when the situation becomes dire (MassHousing Hoarding Resources, 2012).

In the past year the members of GLSS's Hoarding task force have identified only 38 adults, age fifty or over dealing with the problem.

This indicates that many older adults with compulsive hoarding issues are likely still undetected.

Factors Contributing to the Problem

Compulsive hoarding is often associated with other debilitating mental health issues such as dementia, obsessive-compulsive disorder, generalized anxiety disorder, attention deficit disorder, social phobias and depression. Many times there are features of personality disorders such as avoidant, dependent and paranoid (MassHousing Conference, 2007). These can be difficult disorders to treat and adding hoarding behaviors only makes it more difficult. The research on effective treatment models is relatively new and at this point there is a limited amount of knowledge in the mental health community on how to effectively treat the condition (Bratiotis, Schmalisch, & Steketee, 2011). It is noteworthy that in a study done by Ayers, et al, (2010), only two out of eighteen participants had ever sought treatment for their hoarding behaviors even though it dated back several decades and they had sought psychiatric treatments for other mental health problems. This highlights the need for both mental health providers and the general public to know where to turn for help for compulsive hoarding behaviors. Another factor contributing to the problem is that hoarding is a chronic condition and requires not only skills training, but also on-going support and accountability to maintain one's success.

Impact of the Problem

Hoarding is clearly a public health issue. According to Bratiotis, Schmalisch & Steketee 2011 hoarding can lead to direct health and safety risks to the individual, their family and their neighbors and can create considerable costs for the community. In 2000 the Massachusetts Department of Public Health reported in a survey of health officers in an area of 1.8 million residents, that four hundred and seventy one complaints were filed due to concerns about sanitation, fire hazard, odor, odd behavior and three deaths due to fire- all likely related to hoarding behavior.

Fires that begin in a hoarder's home are more difficult to extinguish making them more likely to be serious and to spread to neighbor's dwellings (Harris, 2010). As recently as March 2012 a Massachusetts' elder perished in a fire because firefighters were not able to reach him in time due to the amount of clutter and hoarded items blocking their access.

In addition, infestations are another hazard that hoarders and their neighbors face. Due to the enormous amount of clutter or possessions it can be nearly impossible to get rid of insects or rodents (Bratiotis, Schmalisch, & Steketee, 2011). A single heat treatment to remove bed bugs costs $1,000 per unit. In a hoarder's home or apartment treatment may need to be repeated several times to be effective. Cleanouts can cost as much as $16,000 or more and may need to be repeated after one year if the hoarder has not received treatment for his behaviors (MassHousing Hoarding Resources, 2012). For City, State or Federal Housing Authorities this can represent a significant financial burden. For private homes the community costs for repeated visits from health inspectors or other public agencies can also be quite high (Muroff, Bratiotis & Steketee, 2010). Due to the numerous problems that accompany hoarding behaviors, victims are often at risk for eviction and homelessness (Muroff, Bratiotis & Steketee, 2010; (MassHousing Hoarding Resources, 2012). Hoarding is actually one of the leading causes of eviction besides non-payment of rent (MassHousing Hoarding Resources, 2012).

Research also shows that individuals with hoarding behaviors are significantly more likely to suffer from chronic medical conditions and obesity (Bratiotis, Schmalisch & Steketee, 2011), which makes organizing and de-cluttering even more difficult for them. Additionally, having large amounts of clutter with increased dust, mold and pest infestation as well as instability of the structure of their living spaces due to excess clutter, makes for a very unhealthy living situation. They are also in danger of falling due to cluttered pathways. As a result hoarding behavior poses an important health risk to its sufferers, particularly in the elderly population.

It is imperative that key areas are evaluated so that treatment interventions can be effectively prioritized. The following are some of the more important areas for review:

Safety of the person (including any other people living in the home and/or pets)

Safety of the Structure of the building to person and others visiting the home

Insight of person regarding their situation

Capacity of the person to address the hoarding

Resources, i.e. financial help to pay for cleaning services, insurance to assist with paying for mental health and local agencies that may be able to assist

Section 3

Hoarding Intervention Decision Tree

PERSON OR OTHERS IN THE HOME ARE IN DANGER (SELF OR STRUCTURALLY):

REPORT TO:

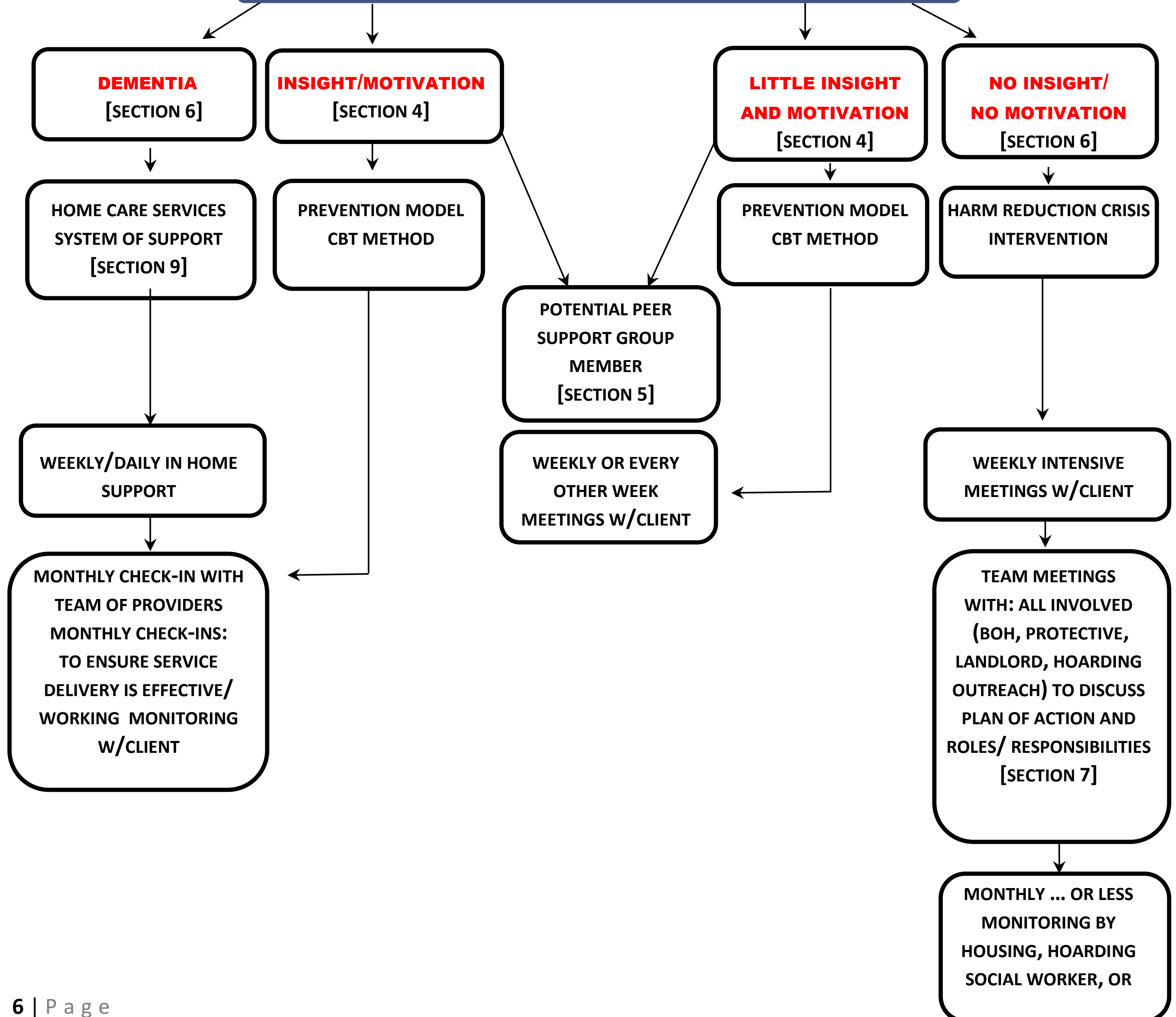
PROTECTIVE SERVICES (IF OVER 60)
DISABILITY COMMISSION (UNDER 60)
ANIMAL SERVICES (ANIMALS INVOLVED)
DEPT. OF CHILDREN AND FAMILY (CHILDREN)

THERE IS CONCERN BUT NOT IN DANGER:

REPORT TO:

PROTECTIVE SERVICES AND/OR HOARDING PROGRAM AT ASAP/LOCAL TASK FORCE

PROTECTIVE SERVICES/HOARDING PROGRAM



▶ Section 4

EARLY INTERVENTION, WHEN YOU ARE ABLE TO DO PREVENTION WORK WITH OLDER ADULTS WHO HOARD

- **Pre-Meeting/Referral Process**: Gather as much information as you can over the phone from the referring person or the individual themselves. The more you know ahead of time the more you will be able to plan your initial approach. It is also important to know the condition of the home and prepare for any precautions you want to take when entering the home (more information Section 9). [Referral Form Appendix 1]

- **Schedule the Initial Meeting:** Depending on the person's comfort level you might meet at their home, the senior center, a park bench and it might just be a quick meet and greet or a full assessment and tour of the home. Remember you are building a long-term relationship so it is ok to take it slow and show the person that you are willing to partner in their clinical treatment/learning at their pace.

- **Assessment Tools:** This might include open ended questions, the Clutter Image Rating scale, the Hoarding Interview, Activities of Daily Living Scale and general questions about what they are interesting in learning and changing. [Assessment Tool - Appendix 2]

- **Create a Service Plan Agreement Together:** The service plan is used to formulize your partnership, identify the overall goal (often to maintain safety in the home), and both short and long term goals. Both the client and the professional sign the document to demonstrate that this is a joint effort and agreed upon plan of action. Review and reference often. The agreement should be used to guide your sessions and work time together. [Service Plan- Appendix 5]

- **Establish and Plan Consistent Appointments**: Mark the appointment date on a calendar in the person's home. It is a good practice to meet weekly/or every other week to start. Plan to move to once a month monitoring or checking in when the goals have been met. Make sure that you show up on time for appointments and model time management skills during your meetings. Make sure that the client knows how to contact you if they need to cancel.

- **Schedule 1 1/2 -2 Hour (max) Meetings**: ***Make it clear what your role is-*** supportive, therapeutic, and educational. You are not a heavy chore worker and this should be discussed at the beginning. With any type of memory or personality issues roles are often confused and it is important to discuss with the client right away so they are clear on what work you and others entering the home are there to perform.

- **Heavy Chore, Homemaking, Companion Services, Therapy, Supportive Housing Assistance:** These issues should be discussed from the beginning as a possible means of accomplishing the individual's short and long term goals. Student interns and volunteers can also be used with clients who *want to do the work* and need the accountability piece of having someone present in their home.

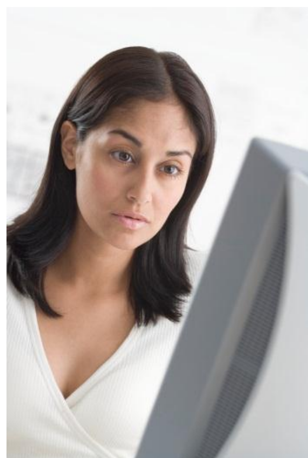
- **If the Person Who Hoards is Actively Acquiring Start Your Work Here:** You want to help the person learn that without limiting the acquiring the de-cluttering work won't go far.*

- **A Plan for Each Visit**:
  Check-In - Talk about homework, success/challenges. Make time to discuss challenges of the week and what is holding them back. You might run through a visualization of the small area you are working on together and the goals for that small area. Also talk about what it will look like and feel like after the work is done.
  Exposure Work - Work on an area for 30-40 minutes having the client do the hands on work. You are helping the client build a tolerance for de-cluttering and showing them that they can in fact do the work. Supporting, building their self-esteem, helping to stay focused and on task, and motivating the person to work towards their goals is your role during exposure work.
  Check-Out- How did it feel, what are goals for next week.*

- **Areas to Target:** Depending on the short and long term goals you will discuss the three areas of hoarding work at each visit: acquiring, sorting and discarding.

- **When is the Work Done:** This is a difficult question. Simply put the work might never be done, at least for the client. The first step for you to step out as the professional might be to move to meeting less frequently from every two or three weeks to a once a month monitoring meetings. After that offer that you are available for check-ins and to call if things build up at some time in the future. Success in hoarding work is hard to define because everyone has a different view of what is good enough. If the client feels successful in reaching their goals both short and long term and their home is safe and clear of health concerns then it is time to step out and let them manage their "chronic condition" on their own. You as the worker need to be careful and consistent on maintaining professional boundaries and not push your own agenda for your client's home. *They are in charge* and will only be successful if you let them know that their ideas matter. We are not striving to create Martha Stewart, just safe and healthy homes … whatever that means to the person with whom you are working with.

***Resources/Examples:** What to do in sessions (the work) can be found on the reference page (Section 11)



"A Note on Notes":

The depth of notes you document will depend on your agencies requirements. In the very least keep a spreadsheet of clients and brief notes on what was accomplished during your visit. You might also want to keep a chart with important information and your notes that you jot down during your visit and any other important information-resources… You will also want to document to your agency how many clients you worked with and the number who refused services.

PEER SUPPORT GROUP MODELS, HOW TO FORM AND FACILITATE A SUPPORT GROUP

Support groups have been proven to be an integral part of the intervention and change process. The purpose of a support group for hoarding behavior is to provide a safe and nurturing environment for individuals to share experience, strength, and hope with each other in order to educate and support those who have symptoms of compulsive hoarding. These groups are designed primarily for older adults with hoarding disorder who possess a strong desire to change and manage their hoarding behavior and to improve their quality of life and maintain their living space. According to Jordana Muroff, Ph.D., Boston University, "group interventions are good alternatives that give more people access to clinicians and coaches who can help. Group methods may also be more affordable for hoarding sufferers". Additionally, Muroff reports that a recent study referencing facilitated support groups resulted in "much improvement" of the hoarding behaviors by the group participants (Muroff et. al, 2010).

- Potential group members are interviewed 1:1 to determine fit, ability, and motivation to attend, participate, and progress through entire group session.

- Self-report, including potential participants perspective of their living space based on the clutter image rating tool and HOMES assessment are weighed in addition to interviewer questions and observation.

- Before final determination is made, a home visit will be made to ensure the living space conditions have been reported accurately and that the conditions fall within the qualifying parameters of the clutter image rating tool developed by the International OCD Foundation – [Hoarding Center and the HOMES Multi-disciplinary Hoarding Risk Assessment tool – Appendix 6].

Example: ***The group model currently being used at North Shore Elder Services is Psycho-educational.***

- The group is closed (meaning there are no new members after the first meeting) and runs for 15 weeks for 1 ½ hours per group session.

- The integration of Cognitive Behavioral Therapy (CBT) theory with the Conceptual Model, that builds a graphic depiction of the factors contributing to the hoarding behavior, is implemented.

- The techniques used (Conceptual Model) has members describe and discuss their physical and social environment in order to better understand how both of these aspects affect their hoarding disorder.

- Group members are shown how to work through the thoughts and behaviors associated with their hoarding both through the group process and homework assignments that are then discussed during the group.

Some More Thoughts on Groups:

- The group work guide from the work of Dr. Randy Frost (Maxner, et al. 2010) can be used as a best practice, and then adapted to fit your community and populations unique needs. Groups are a great way to outreach to communities that might be hesitant to discuss "hoarding". Where you host the group can also be an opportunity to *outreach to a new community*. There can be a trickle-down effect where other people who do not choose to participate in the group still gather information and at least start to think about joining in the future. The community also benefits by learning more about hoarding and the services your agency offers. More referrals! Using a non-threatening name such as *The De-Clutter Group* or *Clutter Bug Group* helps people get the assistance they need, while not being labeled as a person who hoards.

At Greater Lynn Senior Services for example a closed psycho-educational group is held for 10 weeks, 2 hour sessions with a 15-20 minute break. The group is limited to 8 members, although 5 is a comfortable number that allows each member a chance to feel heard and supported. The book *Buried in Treasure* is used as a guide for discussion with each member responsible for completing assigned exercises. The Beverly Hoarding Task Force runs a closed group that lasts for six weeks. Pre-screening involves a phone call and contracting. The sessions focus on learning new skills and reporting back to the group.

The crucial element in all three group work models is to increase insight and motivation and develop a healthy relationship with one's possessions.

Use of CBT (Cognitive Behavior Therapy) - Much of the research has found that some components of CBT can be useful (and essential) in helping people change their thinking patterns and relationships to hoarding. This is especially true for individuals with better insight and capacity. Thoroughly understanding ones underlying thoughts and motivations may not be essential to make changes though.

▶ Section 6

CRISIS INTERVENTION WORK/WHEN PROTECTIVE SERVICES IS INVOLVED

The PS response should begin with harm reduction. It is important to engage both the elder and the referral source to let each know that you can help. It will be a process, not always a quick fix.

If the elder is living in an environment that is an acute threat to health and safety for themselves or others, the situation may require that the elder be removed from the home. This would be determined by local or housing authorities, and the crisis intervention response would be to assist with alternative housing and seek to engage the elder as described below to allow the PS worker to help the elder get the home into a state compliant with re-habitation.

- If the referral was made by an enforcement authority, it is important that the screener and clinician are aware of the conditions and consequences. A discussion with the referral source should precede contacting the elder. Any plans to assist before enforcement should be laid out before discussing with the client.

- When talking to the referring authority, ask to focus on the steps needed to retain housing for the elder.

- Actions that need to be taken to enhance safety:
    - Eliminate doors/windows blocked
    - Eliminate heating vents that are blocked
    - Remove food, trash that is attracting pests
    - Eliminate areas that represent a fire risk
    - Eliminate areas that represent a fall risk
    - Areas that interfere with ADLs (Activities of Daily Living), such as bathroom, stove, refrigerator will need to be addressed.

- Use the authority the client gives you to work with you to develop a timeline for addressing each issue so that you can provide the elder with a reasonable and achievable action plan.

ENGAGING THE ELDER - BE AWARE THAT:

- 92% of individuals with hoarding condition also have another co-occurring mental health disorder, such as depression, anxiety, OCD or social phobia (Mass Housing Conference, 2007).

- These individuals often have difficulty managing their emotions and significant difficulty trusting others. They may have been traumatized previously by a major clean out, and will be very reluctant to engage for any assistance.

- Engaging the person is critical to working with them, and the elder should be approached in a non-confrontational manner. It is imperative to explain the role of Elder Services and that you are there to assist with making the home safe and help relieve the risks identified by the referral source.

- If the elder is not willing to engage, it is important to keep the option open for them to call for help later, as it can take several contact episodes to develop enough trust for the elder to allow help.

- Explain that *your agency* is not part of the enforcement community, but rather is able to be an advocate for the elder and may be able to help them with that issue, and that you may be able to meet with Housing (or other) to get them to lay out a plan of action and work on it so that we can avoid further action.

- If the client agrees to the investigation, then proceed with intake as appropriate for standard first home visit protocol.

- The easiest way to engage, preserving the elder's dignity and allowing them to participate most fully in deciding how to move forward is to find an opening. This will allow you the opportunity to point out one or two critically unsafe areas from a safety perspective. See what they think. It is best to address the risk areas first. This will keep the process manageable for the elder and provide some incentive to engage.

- It is important that the elder is able to acknowledge an awareness of the problem and is able to see some disadvantages of the status quo. They may not agree immediately to allow you to help, but you may be able to start an initial action plan.

- Identify an action plan based on critical need:
    1. Blocked egress
    2. Fire hazard
    3. Animal/human waste
    4. Trash and spoiled food
    5. Fall risk
    6. Access risk for fire department
    7. Any other issues from referral source

- The plan should be concrete and presented in small enough increments to get work done but also not overwhelm the elder, risking refusal to cooperate.

- Action from here will vary depending on the agency involved:
    1. Heavy chore through an agency knowledgeable about working with hoarding
        - Explain the plan.
        - Introduce the workers.
        - PS worker should be present to facilitate the work and help the elder with anxiety that will come up.
    2. Agency hoarding program
        - Plan weekly visits or more frequent if agency time allows and elder is willing to engage.
        - Work according to the action plan, keep control as much as possible with the elder.

- A dumpster may be overwhelming or bring up feelings of embarrassment, so if a dumpster is necessary, plan a short-term cleanout to minimize the time the dumpster is on the property to reduce stigma. A therapeutic clean-out in which the person who hoards has some say and awareness of the work being performed is the preferred method to a forced clean out without any involvement.

- As key milestones are reached, make a report to referring authority to develop a collaboration and show progress, with the goal to reduce risk and increase likelihood that elder will be able to either remain in the home or return as soon as possible.

The "Carrot & Stick" - Many researchers have found that increased outside pressure can increase the amount of change that is able to take place. The stick often being the property manager or public health inspector and the carrot being the helping professional.

▶ Section 7

THE CONCEPT OF A POINT PERSON AT ASAP'S

Senior service agencies will benefit from hiring and/or contracting with a hoarding specialist/social worker. The hoarding specialist/social worker is the point person for the area for all hoarding related cases. Referrals should be received and processed by this individual. Based on the assessment the hoarding specialist/social worker will decide what approach to use: early intervention or crisis/harm reduction (Section 3 and 4).

- Referrals come from Protective Services, Home Care, Housing, other agencies, family members or self-referrals.
- Depending on the situation the point person will then schedule a meeting with the individual or go with another person, such as the Protective Service Worker or Housing Service Coordinator on the first visit.
- Due to the complex nature of the work the point person will need to manage their time between initial visits (building relationship and trust), one-on-one home visits* with individuals, outreach efforts, education and advocacy, and playing a role in the local area community task force.

The hoarding specialist/social worker should also be part of, or chair the local area Hoarding Task Force. The Task Force could have many functions based on the needs of the community. Time should be spent during meetings on case consultation. It is the role of the point person to engage the key players and coordinate the community effort and response towards the individual who is hoarding.

- A case consultation might include: Protective Service Staff, a Health Inspector from the Board of Health, the City Building Inspector, Heavy Chore vendor, Department of Mental Health Case Manager, and Hoarding Specialist. During the meeting the individual's case is discussed and suggestions are offered on how best to approach. By the end of the meeting a plan is established on the community response to the case- who will write a letter, visit next, and what steps will take place to best reach/communicate the need for change with the person who hoards.

- The Task Force should work towards community awareness of hoarding as a mental health issue and creating a general understanding of *what each discipline is able to do by law* or regulation governing them, and what their role can and should be when discovering a hoarding situation or when trying to work with a person who hoards. Creation of a city wide protocol and understanding *of how and where to report* is a good place for a task force to begin their work. Roles and Responsibilities of Police, Fire, Boards of Health, and Protective Services are all crucial to understand. Connecting these key players to one another could mean the difference between an organized, preventive response versus a crisis last minute effort to respond to a case of hoarding.

- The Task Force members need to work as a team. Planning ahead of time who will give the violations (the stick or bad cop) and who will offer the support (the carrot/good cop) in order to move forward in assisting the individual.

- Other functions of the Hoarding Task Force could include: education for the community, outreach presentations, advocacy and working on local and state policy change, and fundraising- monetary and in-kind.

****The committee feels very strongly that when working with an elder who hoards you must do the majority of the visits in the person's home. Meeting in an office does little to show you how the individual is functioning at home and does not show you how they are functioning with their activities of daily living.***

All agencies should identify staff in need of training and keep up to date on the protocol for responding to hoarding cases. How and where to report is based on age and situation. Key players include but are not limited to: public housing services coordinators, emergency responder's such as; fire, police, Board of Health, EMT, building inspectors, shelter directors, VNAs, DMH and DPPC, and Council on Aging Directors/outreach Staff.

Many people who hoard are extremely visual. They often fear that if they put something away they will not remember where it is because it is not out in the open. A trick could be to label the outside of a draw, a storage bin, or create a map of where important items have been put away.

WHAT IS AVAILABLE FOR UNDER 60'S?

WITH A YOUNGER CLIENT YOU WILL STILL USE THE FOLLOWING BEST PRACTICE STRUCTURE:

1) Assessment
2) Harm Reduction – assessment and intervention
3) Providers should be able to assess the home through a home visit and/or pictures.
4) Focus of interventions to target the three main areas of challenges including acquiring, discarding and organizing.
5) Exposure to sorting (either in home or in office) and learning to recognize and manage the accompanying anxiety for most people with hoarding.
6) Establishing a partner (home coach, professional organizer or supportive heavy chore person) who can assist with in home work as outlined by the provider and person struggling with hoarding.
7) Funding to help pay for services if the person does not have access to financial resources.

DIFFERENCES WITH HOARDING AMONG YOUNGER VERSUS OLDER HOARDERS:

Increased challenges with elders include:

- Elders tend to have more collected items (because they have had more time to collect)
- Tend to have more risk of diminished physical and mental capacity (disease, dementia, etc.)
- Tend to have more losses (less people to assist, more loss reaction and less support)
- Elders have an increased risk of severe injury relating to a fall or topple hazard.

Thoughts on working with younger people under 60:

- Are often still working, raising their families, or taking care of an aging parent (limited time to work on de-cluttering).
- Are more likely to access mental health services, but might not disclose hoarding to therapist if only seeing her/him at their office.
- Might have more family/friend support. At the same time family/friends might not be aware of the extent of the problem. Might not have been in person's home for many years or ever.
- Have less access to funding streams that can help with home heavy chore and cleaning assistance.

Some of the most helpful agencies for people under 60 tend to include the following:

- The Department of Mental Health, especially in-home concrete services;
- Occupational Therapists - can often bill for in-home concrete skill building training which could include sorting, discarding & organizing;
- Homelessness prevention and tenancy prevention programs including MBHP which has a specialized hoarding intervention program;
- Mass Rehab Commission - Homecare Assistance Program can offer some in-home light cleaning assistance which could assist the resident;
- Churches and friends can also be resources to help a person find additional assistance;

Challenges to Addressing Hoarding:

1. *Lack of resources – not being able to pay for a heavy chore worker or ongoing cleaning services is a challenge for many people who do not qualify for very low income programs.*

2. *Lack of counselors- individuals trained to work with people who hoard are limited.*

3. *Lack of reporting- first responders need to report to protective services as a means of identifying people who are self-neglecting. Without the initial report hoarding stays unknown until a crisis happens.*

▶ Section 9

WHERE TO LOOK FOR FUNDING-WHO WILL PAY FOR ALL OF THIS?

The million dollar question that everyone wants to know is how will we pay for the services that my client needs. Not only do we have a clinical/mental health issue here we also have a *stuff* issue and stuff takes time and effort to remove.

Clinical Services: Private insurance and MassHealth will pay for a client to work with a mental health professional for an in-office visit. Home visits are also covered, but only for the face to face time and limited to 50 minutes. Travel time to and from the house is not reimbursable. The DSM-V set to be released in 2013 will allow hoarding to be billed independently. While in-office counseling is beneficial, having someone come into your home and work with you on exposure therapy is a very important piece of this work. ASAP's and other agencies can support clinician's by finding ways to fund the additional time spent traveling to and from a person's home and for the increase time needed for a visit – at a minimum 1 ½ hours is suggested for an in-home visit. A combination of in-home and office visits can also be used as described in the research from Boston University (Bratiotis, Sorrentino-Schmalisch, Steketee, 2011).

Home Care/Heavy Chore/Organizing: If the client is over 60 a referral to Protective Services and/or home care (when the client is ready) is entrance into the system. The amount of services available will vary. A sliding scale is also available.

For People 65 and Older or a Frail Elder: **SCO (Senior Care Options)** works with people who hoard to provide heavy chore services. SCO participants have MassHealth and Medicare.

For People 55 and Older and Who are Nursing Home Eligible: **PACE (Program of All Inclusive Care for the Elderly)** provides an option for older adults for a wraparound program of care. Home care and heavy chore can be part of this plan. Day programs provide an escape from social isolation and a chance to gain new interests and connections to people.

Senior Centers and ASAP's: These agencies often have funds available (small necessities or scholarships) to pay for a one time clean out/planned with the consumer or removal of items, or more.

Department of Mental Health (DMH): Does the client qualify for DMH services? If so, DMH is a potential option for service delivery. If already a client, the community worker might have the best relationship and can be trained to work with the client on discarding.

Student Interns: Psychology, Mental Health, Social Work, Human Services students can be a great resource for helping clients work in the home with supervision by a professional.

Peer Support: Pairing up two or more clients to help each other. Sometimes just the accountability piece is needed and clients can help each other by just being present in their home while the other does the work. Often times peer support will be an outcome of a peer support group.

Volunteers: It is true some people love to organize or are trying to start a business and want to offer some pro bono assistance. It is also possible to find volunteers, but they should be closely supervised and back ground checked [Suggested Tools - Appendices 6 – 9].

Thinking Creatively/Outside the Box: Inventive thinking is needed for a big one-time clean out (if and when the person is ready). You can often find coworkers, high school/college volunteers, AmeriCorps volunteers, etc.

Executive Functioning Skills - *Assessing and enhancing these areas have been found to be very effective in helping with organizing deficiencies. Many people who struggle with hoarding have difficulties in these areas of organizing. Helping a client enhance concrete skills (i.e. using a calendar, time management, and setting goals can be very helpful.*

▶ Section ⑩

SELF-CARE FOR THE PROFESSIONAL- TAKING CARE OF YOU

- Have all first responders become familiar with H.O.M.E.S. assessment [Appendix 6], as a means of being aware of environmental and structural risks to self and others.

- Make available to employees: masks, booties, plastic gloves, hazmat suits when needed to evaluate the hazards or potential hazards. Vicks or other sprays are a way to help you deal with odors in a home. Bring a clip board to help with taking important notes from a standing position.

- For safety reasons keep your cell phone and keys with you and available- in your pocket or clipped to your clip board. Make sure someone at your office knows the address/client you are visiting. Depending on your comfort level bring another person or ask the individual to meet outside. *Trust your gut feeling*.

- If you must bring a bag into someone's home, fill it with items you think you might need (plastic gloves, pen, water bottle, etc.). You can also wear a fanny pack so you do not have to put your bag down. When you return to your car an option is to place the bag into a plastic container or trash bag in your trunk.

- Wear clothes and shoes that you can place immediately in the washing machine when you return home, and bring a change of clothes /shoes if you have multiple visits that day or are returning to the office if you suspect or are told there are mice/bugs.

- Keep trash bags to place your closed toe shoes (bring another pair) and tie them up if possible after a visit. Wet wipes are useful to keep in your car for a quick wipe down of yourself or bag if you feel it is needed.

- Utilize Fire Prevention Services, the Board of Health and/or Building Inspection Services to assist you if you notice that there are broken or no smoke detectors, blocked egresses, oxygen and smoking, broken windows or you are fearful of the air quality, ammonia levels due to animals or more.

- Once again …*trust your gut feelings*. If the home is beyond your comfort level ask the individual if you can meet outside on a bench, or sit on the front porch. You could also meet at a coffee shop or at the senior center. Let the person know that although *they* might be perfectly comfortable in their home, *you* are not due to … (be very specific). It is ok to say this and continue to work together. Chances are the client is aware that they need to make a few changes to their home. Hearing you say it might inspire them to take that first step.

- Create a peer support group for yourself as a worker to discuss cases, concerns, and frustrations and offer support on cases. Create a space where you feel safe to speak and receive feed-back on new ideas to try during these often long and complicated cases.

- The Hoarding Task Force should schedule multi-disciplinary conferences to offer continued education and *share best practices* for the community involved with people who hoard.

Concrete Reminders –Many people with hoarding have wavering insight as well as memory challenges. When working with older clients using concrete written agreements, concrete goal setting, weekly homework, developing rules for discarding or acquiring can greatly assist with treatment. One example of rule development may include: any newspaper that is more than 3 months old can be discarded – except for the health section on Mondays. Or an acquiring rule may be – "if I pick up one thing – I need to discard at least two things from my apartment."

▶ Section ⓫

RESOURCES AND HOARDING TASK FORCES

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The Hoarding Handbook: A Guide for Human Service Professionals, Bratiotis, C., Sorrentino-Schmalisch, C. and Steketee, G . (2011) Oxford University Press.

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Treatments for Hoarding Behaviors: A review of the Evidence. Muroff, J., Bratiotis, C., Steketee, G. (2011). Clinical Social Work, 39, 406-423.

Treatments that Work: Compulsive Hoarding and Acquiring Workbook. Steketee, G. and Frost, R. (2007) Oxford University Press.

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WEBSITES:

www.ocfoundation.org/hoarding	Information on hoarding and Obsessive Compulsive Disorder
www.childrenofhoarders.org	Offers an on-line support group for children of hoarders
www.squalersurvivors.com	Squalor and its effects on individuals and communities
http://www.stoppests.org/	Advice for bed bugs in housing

APPENDICES

Section 12

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SAMPLE REFERRAL FORM [APPENDIX 1]

REFERRAL DATE: ____________________

REFERRAL SOURCE:

Name of Referring Person: ______________________ Agency/Relationship: ________________________________

Phone Number: ________________________________ Email: ____

Is Client Aware of Referral: ☐Yes ☐ No

Level of Risk: ☐Low ☐Medium ☐High Explain: ____

Any Risk to Worker: _________ Explain: ____

CLIENT INFORMATION:

Name: ______________________________ Phone: ________________________ OK to Call? ☐Yes ☐ No

Address: ____________________________ City/State: ____

E-mail: ______________________________ Language Spoken: _____________________ DOB: ______________

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single Veteran: ☐Yes ☐ No

Other people living in the home/relationship to client: ____

____

Condition of the home: ____

Pets in the home: ☐Yes ☐ No How many/what kind: ____

Are there insects/rodents in the home: ☐Yes ☐ No If yes, what kind: _______________________________

Are there weapons in the home: ☐Yes ☐ No If yes, what type ______________ Stored away: __________

Insurance –include numbers Primary: ________________________ Secondary: _________________________

Medications: ____

Health concerns: ____

____

____

[TOOL PAGE 1 OF 2]

Memory Loss: ☐Yes ☐ No Explain: ____

Loss/Stressors: ____

Present or Past Substance Abuse: ☐Yes ☐ No Explain: _____________________________________

Current or Past Mental Health Treatment: ____

Current Therapist, Counselor, Psychiatrist, Psychologists or Social Worker: ___________________________

SUPPORT SERVICES:

Current PS Client: ☐Yes ☐ No PSW Name: ____

Current HC Client: ☐Yes ☐ No CM Name: ____

Past client of GLSS: ☐Yes ☐ No How? ____

Other Services in the Home: ____

Friends/Family in the Area: ____

Emergency Contact Name: ______________________________ Phone: ________________________

PRESENTING ISSUE: *Descriptive reason for referring client to program (include time/dates of incidents):*

____

____

____

ADDITIONAL INFORMATION: ____

____

____

____

REFERRAL FORM COMPLETED BY: _______________________ **DEPT:** ____________________________

DATE RECEIVED/REVIEWED: __________ **BY:** _______________________ **PROGRAM:** __________________

SCREENED IN FOR INITIAL VISIT/ASSESSMENT ___________________ **MEETING DATE/TIME** _____________

SCREENED OUT __________________ **REFERRED TO:** ____

SAMPLE ASSESSMENT FORM [APPENDIX 2]

DATE: ______________________

CLIENT NAME: ___________________________________ LIKES TO BE REFERRED TO: _____________________

ADDRESS: _______________________________________ CITY/ZIP: __________________________________

PHONE: ____ E-MAIL: ____________________________________

PLEASE CHECK ALL THAT APPLY (☑)

BEST TIME TO WORK TOGETHER: ☐ Morning ☐ Afternoon ☐ Late Afternoon

HOUSEHOLD:

☐ Single Family ☐ Market Apartment ☐ Subsidized Apartment ☐ Senior Housing ☐ Multi-Family

Other: ____________________________________

1. How long have you lived at your current residence: ____

   Prior Residence: ____

2. Does anyone else live with you in your home? ☐Yes ☐ No

   If yes, who: ____

3. Are you currently seeing a therapist, counselor, psychiatrist, psychologists, or social worker for any reason? ☐Yes ☐ No

   If yes, who: ____

4. Have you ever received any previous mental health treatment? ☐Yes ☐No

   Where? ____

5. Have you worked with anyone in the past, attempting to process your belongings? ☐Yes ☐No

   If yes, who: ____

   How did they work out? ____

6. Do you have conditions that limit your physical mobility? ☐ Yes ☐ No

   If yes, explain: ____

   ____

[Tool Page 1 of 2]

7. Are you on any medications? ☐ Yes ☐ No

   If yes, what? ____

   ____

   ____

   ____

   ____

8. Are there any animals present in your home? ☐ Yes ☐ No

   If yes, how many/what kind? ____

9. Are there any weapons in your home? ☐Yes☐ No

   If yes, what and where are they? ____

PERSONAL:

1. What do you value, what is important to you: ____

   ____

   ____

2. Interest/hobbies:____

____

____

3. Education:____

4. Did you work outside the home?____

5. Likes: ______________________________ Dislikes: ______________________________

   ______________________________ ______________________________

   ______________________________ ______________________________

   ______________________________ ______________________________

   ______________________________ ______________________________

SAMPLE CLUTER IMAGING RATING SCALE (APPENDIX 3)

The following questions help me understand how the clutter affects you.
Please answer honestly. There are no right or wrong answers.

CLUTTER IMAGE SCALE RATING: At beginning, middle and end of work together ___________

Client rates and Hoarding Specialist rates ___________

CLUTTER INTERVIEW:

To what extent do you find it difficult discarding ordinary things that other people would get rid of?

☐ Not at all Difficult ☐ Mildly ☐ Moderately ☐ Extremely Difficult

Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your home?

☐ Not at all Difficult ☐ Mildly ☐ Moderately ☐ Extremely Difficult

To what extent do you currently have a problem with collecting free things or buying more things than you need or can use or can afford?

☐ Not at all Difficult ☐ Mildly ☐ Moderately ☐ Extremely Difficult

To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?

☐ Not at all Difficult ☐ Mildly ☐ Moderately ☐ Extremely Difficult

NOTES:

____

____

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PLEASE INDICATE THE EXTENT TO WHICH CLUTTER INTERFERES WITH YOUR ABILITY TO DO EACH OF THE FOLLOWING ACTIVITIES: ***Circle corresponding numbers***

Activities of Daily Living	N/A	Can Do	Can Do With Difficulty	Unable to Do	Comments
Prepare Food (cut up food, cook it)	0	1	2	3	
Use Refrigerator	0	1	2	3	
Use Stove	0	1	2	3	
Use Kitchen Sink	0	1	2	3	
Eat at Table	0	1	2	3	
Move Around Inside of House	0	1	2	3	
Exit Home Quickly	0	1	2	3	
Use Toilet (getting to the toilet)	0	1	2	3	
Use Bath/Shower	0	1	2	3	
Use bathroom Sink	0	1	2	3	
Answer Door Quickly	0	1	2	3	
Sit on Your Sofas and Chairs	0	1	2	3	
Sleep in Your Bed	0	1	2	3	
Clean the House	0	1	2	3	
Do Laundry	0	1	2	3	
Find Important Things (bills)	0	1	2	3	
Care for Animals	0	1	2	3	

SUPPORT NETWORK:

1. Do you have family/friends in the area? ☐ Yes ☐ No
   If yes, who: ____

2. Does anyone get upset by your collecting and clutter or do they mostly tolerate it?

____

____

3. Do your family members or friends help you get items or store them for you? ______________

____

4. Does anyone help you organize things you can't deal with? ______________________

____

5. Do you prevent others from touching your things? __________________________

____

6. Are your family members or friends supportive of you getting help/treatment? If so, would any of them be interested in coming with you to a session? ______________________________

____

____

TO ACCOMPLISH AT THE FIRST FEW MEETINGS:

ISSUES WITH CLUTTER:

1. Are you currently involved with anyone (landlord, housing court, board of health, fire dept.) because of the clutter in your home? ☐ Yes ☐ No
   If yes, explain:
   ____

2. What kind of things do you save? ______________________________

   ____

3. Describe to me your emotions when you look at or think about the clutter? (e.g. anxiety, guilt, sadness, happiness)____

4. How much discomfort would you feel if you had to get rid of some of your ___________________________ (Ask about Each Category of saved items) with 0 being no discomfort to 100 being the most you have ever felt.

5. Let’s talk about the rooms in your home. How much does clutter interfere with how you’d like to use each room and which rooms bother you the most? (Let client guide you through the home.. compliment at least one item (a nice photo or lamp…).

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MOVING TOWARDS A SERVICE PLAN:

1. *Are you ready to work with me your* (identify yourself as a "worker"," coach, assistant"…connecting yourself with that person) "_________________"*on sorting through things in your home*? ☐ Yes ☐ No
   If no leave information and tell the person they can call you when they are ready, and that you will also check in with them in the future. If yes the work begins.

2. *What should we call the work that we are doing together?* (Sorting, looking through treasures, recycling…)
   ____

3. **Identify the role you will play-** *I am going to meet with you to help you go through your stuff and process what you will keep, donate, or throw away. My role is to help you learn why these items are important to you- and to prioritize what is safe to keep and what we can eventually part with to make your home more (livable, help you to relax, get housing off your back, ease tension between you and family…) My job isn't to clean your apartment or organize for you. We will work as a team and talk about everything while we are going through things.* I promise not to touch anything, or throw anything away without discussing it with you. **I am your** _____________ (Identity from Question 1). *Each time we meet we will first sit down and discuss the work we have done and our goal for the day. At the end of every meeting we will sit down again and discuss what we accomplished and what we will focus on the next time we meet. I might also give you homework assignments to test what you have learned during our session.*

4. *Are you ok with us taking photos of the work we do together? Photos are a good way to see the progress that is made. Often times we don't give ourselves enough create for the work that we do and a photo says a thousand word*s. ☐ Yes ☐ No (*If yes have client sign Release Form*)

5. *Let's create our first service plan together*. (*Use Service Plan Agreement Form)*

TOOLS TO USE DURING VISITS:

You may also use this as a checklist

☐ Service Plan Agreement- Have client sign

☐ Photo and release of information form

☐ Readiness to Change Questionnaire… if not getting anywhere

☐ Use workbook for Compulsive Hoarding and Acquiring- Steketee and Frost

☐ Savings Inventory

☐ Clutter Visualization and Unclutter Visualization

☐ Clutter Image Scale

☐ Saving Cognitions Inventory

☐ Downward arrow

☐ Practice form for homework

☐ Behavioral experiment form

☐ Thought record

☐ Refer often to the service plan-

RANDY O. FROST
Professor

Clutter Image Rating

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.

1

2

3

4

5

6

7

8

9

Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.

1

2

3

4

5

6

7

8

9

Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.

1

2

3

4

5

6

7

8

9

SAMPLE CONSENT FOR SERVICES [APPENDIX 4]

I ___________________ agree to work with ________________ on the projects listed below.

We have agreed to work together on _______________________on a ______________basis.
Date/Time Timeframe

I agree to use the sessions to learn why I hold onto things in my home and develop organizing, prioritizing and functioning/systems skills. I understand that ______________ and I will work together processing through my belongings, and that it is my decision what I discard. I agree to work on homework assignments between sessions. This agreement is a fluid document and can be adjusted throughout our work together. We will review if we will continue to work together in 30 days, 60 days, and during a 6 month review.

Overall Goal of Work Together:____

____

Revised Goal _______:____
Date

____

____

Achieved Goal _______:____
Date

____

____

___________________________________ ___________________________

NAME **DATE**

___________________________________ ___________________________

NAME **DATE**

SAMPLE SERVICE PLAN [APPENDIX 5]

Short-Term Interventions: (30-60 Days) *This should include any immediate safety issues to be addressed.*

____ Achieved: ______

____ Achieved: ______

____ Achieved: ______

Short-Term Coping Techniques to Use: (30-60 Days)

____

____

____

Long-Term interventions: (60 Days- 6 Months) I*nclude less immediate concerns, which may require intensive work, coordination of additional services…*

____ Achieved: ______

____ Achieved: ______

____ Achieved: ______

Long -Term Coping Skills to Work on and Develop: (60 Days to 6 Months)

____

____

____

____

____

____

____

____

MULTI-DISCIPLINARY HOARD RISK ASSESSMENT [APPENDIX 6]

HOMES® Multi-disciplinary Hoarding Risk Assessment

Instructions for Use

- **HOMES** Multi-disciplinary Hoarding Risk Assessment provides a structural measure through which the level of risk in a hoarded environment can be conceptualized.

- It is intended as an *initial* and *brief* assessment to aid in determining the nature and parameters of the hoarding problem and organizing a plan from which further action may be taken-- including immediate intervention, additional assessment or referral.

- **HOMES** can be used in a variety of ways, depending on needs and resources. It is recommended that a visual scan of the environment in combination with a conversation with the person(s) in the home be used to determine the effect of clutter/hoarding on **H**ealth, **O**bstacles, **M**ental Health, **E**ndangerment and **S**tructure in the setting.

- The Family Composition, Imminent Risk, Capacity, Notes and Post-Assessment sections are intended for additional information about the hoarded environment, the occupants and their capacity/strength to address the problem.

©Bratiotis, 2009. [The HOMES Assessment was developed in conjunction with the Massachusetts Statewide Steering Committee on Hoarding. Information about the assessment can be found in Bratiotis, Sorrentino Schmalisch,& Steketee, 2011. The Hoarding Handbook: A Guide for Human Service Professionals. Oxford University Press: New York.]

[Tool: Page 1 of 3]

HOMES® Multi-disciplinary Hoarding Risk Assessment

❑ Health

❑Cannot use bathtub/shower ❑Cannot prepare food ❑Presence of spoiled food ❑Presence of insects/rodents
❑Cannot access toilet ❑Cannot sleep in bed ❑Presence of feces/Urine (human or animal) ❑Presence of mold or chronic dampness
❑Garbage/Trash Overflow ❑Cannot use stove/ fridge/sink ❑Cannot locate medications or equipment

Notes: ____

____

❑ Obstacles

❑Cannot move freely/safely in home ❑Unstable piles/avalanche risk
❑Inability for EMT to enter/gain access ❑Egresses, exits or vents blocked or unusable

Notes: ____

____

❑ Mental health (Note that this is not a clinical diagnosis; use only to identify risk factors)

❑Does not seem to understand seriousness of problem ❑Defensive or angry ❑Unaware, not alert, or confused
❑Does not seem to accept likely consequence of problem ❑Anxious or apprehensive

Notes: ____

____

❑ Endangerment (evaluate threat based on other sections with attention to specific populations listed below)

❑Threat to health or safety of child/minor ❑Threat to health or safety of person with disability
❑Threat to neighbor with common wall ❑Threat to health or safety of older adult
❑Threat to health or safety of animal

Notes: ____

____

❑ Structure & Safety

❑Unstable floorboards/stairs/porch ❑Leaking roof ❑Electrical wires/cords exposed ❑No running water/plumbing problems
❑Flammable items beside heat source ❑Caving walls ❑No heat/electricity ❑Blocked/unsafe electric heater or vents
❑Storage of hazardous materials/weapons

Notes: ____

____

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HOMES® Multi-disciplinary Hoarding Risk Assessment (continued)

Household Composition

\# of Adults: ___________ # of Children: _________________ # and kinds of Pets: ________________________________

Ages of adults: _________ Ages of children: _______________________ Person who smokes in home: ☐ Yes ☐ No

Person(s) with physical disability: _____________________________ Language(s) spoken in home: ___________________

Assessment Notes: ____

____

____

____

____

Risk Measurements

❑Imminent Harm to self, family, animals, public: ____

❑Threat of Eviction: __________________________________ ❑Threat of Condemnation: ___________________________

Capacity Measurements

Instructions: Place a ☑ by the items that represent the strengths and capacity to address the hoarding problem:

❑Awareness of clutter

❑Willingness to acknowledge clutter and risks to health, safety and ability to remain in home/impact on daily life

❑Physical ability to clear clutter

❑Psychological ability to tolerate intervention

❑Willingness to accept intervention assistance

Capacity Notes: ____

____

____

____

Post-Assessment Plan/Referral: ____

____

____

____

Date: _____________ **Client Name:** ____________________________ **Assessor:** ___________________________________

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SAMPLE WELCOME TO THE VOLUNTEER HOARDING OUTREACH PROGRAM [APPENDIX 7]

Welcome to the Volunteer Hoarding Outreach Program. This program pairs you with an elder who has expressed interest in working with a volunteer (helper) to make their home safer and more organized. You will be assisting elders in clearing out some clutter, organizing paperwork, collections, clothing and other belongings. Our agency is very happy to welcome you to the program, and appreciates your participation in this important program.

What will happen:

You will be assigned to a particular elder to help them with the work they want to do. You and the elder will work out a schedule that works for both of you, usually once a week.

Our program manager, ________________________ will set up a meeting to introduce you to your elder, and the three of you will talk to plan where the elder would like to start working and what they want to accomplish. With your help, the elder will work on the areas that are important to their safety and peace of mind, at a pace that feels comfortable for the elder.

You will help the elder sort through their things, decide what to keep, give away or throw away, and you will take things away as the elder agrees. Many organizations can make good use of donations, and the program manager will help your determine the best organization for the elder's donations.

What you will do:

You and your elder will plan a day and time to meet each week. It's very important that if you are not able to meet at the scheduled time, you let the elder know as early as possible and reschedule.

You and your elder will decide each week what you want to get done that week, and you'll work on it for the planned amount of time, usually 1-2 hours.

Call the elder a day or two before your scheduled visit to remind her of the plans.

You and the elder will work on sorting, organizing and arranging things, to make sure the home is safe to walk around in, to use the appliances and furniture, and clear out the clutter the elder is ready to be rid of.

If the elder has trash, please help get it ready to throw out or recycle. If it's close enough to trash day, or if there is a dumpster available, please help get the trash out.

It's not always easy to decide to get rid of things one may have had for years. The most important role you will play is talking to the elder about what these items mean for them, the memories attached, and help them make the best decisions for safety and peace of mind!

Good luck, and have FUN!!!!!

SAMPLE VOLUNTEER PROGRAM COORDINATOR AGREEMENT [APPENDIX 8]

In the spirit of service and respect for elders in the Hoarding Outreach Program, we recognize that the volunteers in this program are an important part of the program. We also recognize that establishing this agreement of rights and responsibilities of both the volunteer and the agency provides a mutually understood foundation for the program. Acknowledging this, volunteers and coordinators are required to review and sign this agreement.

Volunteer:

- As a volunteer in the Hoarding Outreach Program, I agree to work under the supervision of the program coordinator to carry out my assigned duties diligently and responsibly.
- I will attend scheduled orientation and training meetings.
- I will treat in strict confidentiality any information concerning a client with whom I am working, discussing issues only with appropriate program or agency staff.
- I will submit to the program coordinator weekly visitation reports and lists of items removed from the client's home.
- I will inform the program coordinator if I expect to be unable to visit the client for more than 2 weeks, and I will inform the coordinator if I plan to terminate my volunteer activity.
- I will not enter into any relationship with the client which could be viewed as a conflict of interest, including any relationship related to my business or personal life.
- I will not accept loans or gifts from a client.
- I will make no loans or gifts to the client.
- I will refrain from giving the client advice on health care issues or property related matters.

Program Coordinator:

I recognize the responsibility to ensure that volunteers have the support needed to do their work, and I agree to the following terms:

- I will respect the volunteer's contribution of time and skills by providing meaningful work assignments and by giving serious attention to any problem identified by the volunteer.
- I will provide initial and on-going training for the Hoarding Outreach Program.
- I will provide assistance and supervision to the volunteer by maintaining regular communication through in-person contact, periodic meetings, phone calls, email and letters.
- I will be available to answer questions an assist with resolution of specific problems.
- I will respect the schedule of the volunteers and will be available at the times we have arranged. I will contact the volunteer if a schedule change is necessary.

Volunteer: ___________________________________ **Date:** _____________________

Program Coordinator: ___________________________ **Date:** _____________________

SAMPLE VOLUNTEER VISIT REPORT [APPENDIX 9]

Date: ________________

Volunteer: ______________________________________ **Client:** ______________________________________

Date of Visit: ___________________________________ **Time Spent:** _________________________________

Client's Appearance & Demeanor: ____

____

____

____

De-Cluttering Activity in Session: ____

____

____

____

Items Discarded or Donated: ____

____

____

____

____

Concerns or Comments: ____

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____

____

____

____

Next Scheduled Visit: _________________

SAMPLE VOLUNTEER DONATE/DISCARD REPORT [APPENDIX 10]

Volunteer: ___________________________________ **Client:** ___________________________________

Date of Visit: _________________________________ **Time Spent:** _______________________________

Items Discarded or Donated: ____

Client Signature: _________________________________ **Date:** ____________________

Volunteer Signature: _________________________ **Date:** ____________________